## Affirmative Marketing Report For Commission Bond-Financed Properties

**Purpose:** To describe the actions taken by the property owner/ management to assure a property's compliance with marketing for its low-income and Special Needs set-aside requirements.

A list of properties required to complete this report (the "Affirmative Marketing Report List") is available on the bond report webpage:

www.wshfc.org/managers/forms-bond.htm

## Specific Instructions:

- 1. Enter project OID number, name and address
- 2. **Enter** property management contact information
- 3. **Enter** the ending month, day and year of the appropriate reporting period
- 4. **Enter** the property's percentage of units occupied as of the end of the reporting period
- Check the box indicating the property's federal low-income set-aside election
- 6. **Check** the box indicating the property's state Special Needs set-aside (if applicable)
- Check the appropriate boxes to indicate what media have been used for advertising, then list the specific media names, target groups, and advertising periods in the rows below
- Check the appropriate boxes to indicate if printed media are being used to advertise and where your property is displaying HUD's Fair Housing Poster
- 9. List specific agencies/organizations in your community that you are partnering with to advertise your housing; include how you contacted the agency and who you communicated with. Also check one of the boxes below to confirm whether or not the property has an advertising agreement with one of these agencies
- 10. **Owner** or **Authorized Agent** should sign and date, and print their name and contact information below.

## **AFFIRMATIVE MARKETING REPORT**

## For Commission Bond-Financed Properties

OID #:	_(1)	(2)		
Project Name: Address:		Property Manage	ment Company Name:	
		Property Managem	ent Company Address:	
Annual Report F	Period Ending: (3)	Project Occupancy as of End of Report	ng Period: (4)	
Federal Election: (5)		Commission Set-Asides:	Commission Set-Asides: (6)	
20% @ 50% AMGI		Disabled	Large Households	
40% @ 60% AMGI		30% @ 50% AMGI	☐ 30% @ 50% AMGI ☐ Elderly	
Marketing Pro	gram: Commercial Medi	a (check the type of media to be used to advertise	the availability of this housing) (7)	
☐ Newspaper	rs/Publications	lio TV Web	Other (specify)	
Name of Newspaper, Radio, TV or Website: Group		Group Identification of Audience:	Duration of Advertising:	
Will brochures,	letters or handouts be used to	JD's Fair Housing Poster (8)  advertise? Yes No If "  uously displayed wherever sales/rentals a	es" attached a copy.	
	osters are displayed in the			
Name 8	& Address of Agency:	Method of Contact:	Person Contacted:	
Do you have wr	ritten agreements with any of	these Agencies?	If "Yes" attach a copy.	
(10) Signature of Person Submitting this Report			Date of Submission	
	Cignatal of Follow Cubit			
	Name (Type or Print)	Phone Number	Email Address	